

## BREASTFEEDING INSURANCE BENEFIT GUIDELINES: Blue Cross/Blue Shield RI

- Little Steps® Prenatal Program packets are sent to all pregnant participants who have been identified to BCBSRI by their providers.
- This grid includes the general coverage parameters for the plan types listed in the key, but coverage details may vary between contracts and should be verified through the Customer Service Department (BlueCHIP 274-3500, HealthMate 459-5000).
- Requests for case management can be made through **Paula Blanchard** at (401) 459-5573. Requests for coverage of alternative benefits are reviewed individually.

<b>HM = HEALTH MATE</b> <b>BC = BLUE CHIP</b> <b>RC = RITE CARE</b>	<b>MOM / BABY CRITERIA</b> Mom: pregnant, inpatient Baby: NICU, physical impairments	<b>NETWORK / VENDOR / PRODUCT INFO</b> Approved providers, vendors, products	<b>REQUIRED STEPS</b> Prescriptions, referrals, time specifications	<b>PAYMENT SPECS</b> Direct pay, co-pay, reimbursement
<b>Education</b>				
Prenatal Breastfeeding Classes, Newborn Care, and Early Pregnancy Classes	1 covered visit for each type of class for all plans	BCBSRI approved classes*	Show BCBS card at class	No fee
Childbirth Education Classes	1 covered series for RC only	BCBSRI approved classes*	Show BCBS card at class	No fee
Breastfeeding Support Groups	No coverage	N/A	N/A	N/A
<b>Lactation Support</b>				
In-Patient Hospital	Covered with hospital stay	Covered with hospital stay	N/A	N/A
Out-Patient Hospital / Home	1 covered visit for all plans	BCBSRI network IBCLC**	No preauthorization required. Prescription from child's MD required. Appointment must occur within 7 days after hospital discharge.	Generally fully covered
	Additional visits subject to audit	BCBSRI network IBCLC**	No preauthorization required. Prescription from child's MD required. <b>Outpatient visits:</b> Refer inquiries to Case Management at 459-5573 or (888) 727-2300 x5573 <b>Home visits:</b> Refer inquiries to Aftercare Department at (888) 727-2300 x3081 or x3083 (fax 459-5587)	Generally fully covered
<b>Equipment</b>				
Manual Breast Pump	No coverage	N/A	N/A	N/A
Hospital Grade Electric Pump	Covered for NICU babies separated at least 24 hours from mother	BC & RC = Vanguard HM = Participating DMEs	Submit prescription from child's MD to DME	20% co-pay
Individual Electric Breast Pump	No coverage	N/A	N/A	N/A
Pump Kits	1 <sup>st</sup> kit covered with electric pump	Comes with electric pump	Comes with electric pump	20% co-pay

\* Refer to attached list of BCBSRI approved classes.

\*\* Call Provider Relations at 459-5593 to identify participating providers.